



#5/Amend a
Attorney Docket No. 020197
3/18/04

PATENT a.s.
entered

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of)
Crockett et al.) For: SERVER FOR INITIATING A
Serial No. 10/076,713) GROUP CALL IN A GROUP
Filed: February 14, 2002) COMMUNICATION NETWORK
) Group No. 2684

RECEIVED

MAR 15 2004

Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated December 9, 2003, please amend the above-identified application as follows:

03/12/2004 JADDO1 00000075 170026 10076713
01 FC:1201 344.00 DA

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Stacy Dumrauf
(type or print name)

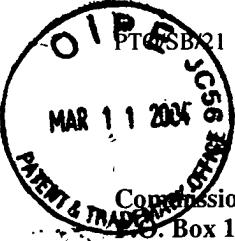
Date: March 8, 2004

FACSIMILE

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Depositor's Name: _____
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Signature: Stacy Dumrauf



U.S. Department of Commerce
Patent and Trademark Office
PATENT

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AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 020197
In Re Application of: Crockett et al.
Serial Number: 10/076,713
Filed: February 14, 2002
Examiner: Tilahun Gesesse
Group Art Unit: 2684

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Technology Center 2600

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	28	35	0	x \$18 =	\$0
Independent**	8	4	4	x \$86 =	\$344
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$0
EXTENSION FEES		<input type="checkbox"/> One Month		\$110	\$0
		<input type="checkbox"/> Two Months		\$420	\$0
		<input type="checkbox"/> Three Months		\$950	\$0
TERMINAL DISCLAIMER				\$110	\$0
			TOTAL FEE	\$344	

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$344.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: March 8, 2004

Signature:
Abdollah Katbab, Reg. No. 45,325
(858) 651-4132

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

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